S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 20 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21275

Registration District No. 317 Primary Registration District No. 3063 Registrar's No. 1267

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 7532 York Drive /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Illinois (b) County St. Clair 999
(c) City or town East St. Louis 11
(If outside city or town limits, write "RURAL")
(d) Street No. 423 N. 21st St., 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 2
If yes, name country

3. (a) PRINT FULL NAME Josephine Roberts Jackson
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female /
5. Color or race White
6. (a) Single, widowed, married, divorced married /
6. (b) Name of husband or wife Will Jackson
6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased Aug. 7, 1877 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
68	10	2	hr. min.

9. Birthplace Vietsburg, Kansas / (City, town, or county) (State or foreign country)
10. Usual occupation At Home
11. Industry or business
FATHER
12. Name Joseph Hybarger /
13. Birthplace Tennessee (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Rebecca Roberts
15. Birthplace Tennessee / (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Byron Ackerman
(b) Address East St. Louis, Ill.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof June 9, 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla, Belleville, Ill.
18. (a) Signature of funeral director E. Curry Jr.
(b) Address East St. Louis, Ill.
19. (a) 6-11-46 (Date received local registrar) (b) E. G. McGavin M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 9, year 1946 hour 2 minute 30 A.M.
21. I hereby certify that I attended the deceased from July 19 45, to June 9 19 46 that I last saw h. alive on June 7 19 46 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of Pancreas	Months
Due to 46 g	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations Carcinoma of Pancreas August 0 1945
Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work (e) Means of injury 0
Signature Lee R. Harrison (M. D. or other)
Address 607 N. Grand Date signed 6-10-46

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed.....

Licensed Embalmer No.....3162.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.